



# CITY OF FULSHEAR

## **BUILDING SERVICES**

PO Box 279 / 29378 McKinnon Rd. Suite C

Fulshear, Texas 77441

Phone: 281-346-8860 ~ Fax: 281-346-8237

[www.fulsheartexas.gov](http://www.fulsheartexas.gov)

### **Solicitation Permit Application**

Date: \_\_\_\_\_

Permit No.: \_\_\_\_\_

**Solicitation Permit Fee: \$60.00 (an application is required for each individual person)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Mobile #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle Model Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle License plate number: \_\_\_\_\_ State issued by: \_\_\_\_\_

Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Office #: \_\_\_\_\_ Email: \_\_\_\_\_

Type and description of product, good or service sold: \_\_\_\_\_

\_\_\_\_\_

Please list any previous City where you have solicited in the previous 180 days:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The following items MUST BE ATTACHED to this application for it to be considered complete:**

Security bond in the amount of \$2500.00 payable to the City of Fulshear for each applicant

Copy of Driver's License or Social Security Card and a government issued picture I.D. card

I hereby state the information above is true and willingly submit to the City of Fulshear authorization to conduct criminal background check, I understand that the City of Fulshear may revoke my permit at any time upon documented complaint or violation of law. I understand that this permit is for only the person listed above and is nontransferable. I understand that this permit is good for 120 days once it is issued and solicitation can only be done in the City of Fulshear city limits between the hours of 9 AM to 7 PM. Additionally, I understand that it is a violation of the Ordinance to attempt to solicit at a place or in an area where a sign prohibiting such activities is clearly posted. Further, I understand that this application will be considered at the next Regular City Council meeting following the administrative review for completion and that I may not conduct any activities until such time as my application is approved and a Permit issued. My signature below indicates that I have read and understand the provisions of the City's Ordinance on Solicitation.

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Signature of Applicant

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Authorized City Official

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Title of Authorized Official

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Date Received

**ANY PERSON, FIRM, OR CORPORATION VIOLATING ANY PROVISION OF THE ORDINANCE OR FAILING TO OBSERVE ANY PROVISIONS THEREOF SHALL BE DEEMED GUILTY OF A MISDEMEANOR AND UPON CONVICTION MAY BE FINED A SUM OF UP TO \$500.00 AND EACH AND EVERY DAY OR FRACTION OF A DAY DURING WHICH THIS ORDINANCE, OR ANY PART THEREOF, SHALL BE VIOLATED.**

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**To be completed by Staff:**

Application Administratively Complete: \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No", date rejection notice issued: \_\_\_\_\_

Date reviewed for administrative completeness: \_\_\_\_\_

Date of next Regular City Council Meeting: \_\_\_\_\_

Council approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Council approval: \_\_\_\_\_

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Signature and Title of Issuing Authority

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Date